

## 2019 MONTANA DISABLED ANTELOPE APPLICATION

RETURN TO:
MONTANA FISH, WILDLIFE & PARKS
LICENSING BUREAU - Disabled Antelope
1420 E 6th AVE
PO BOX 8009
HELENA, MT 59604

Applications must be postmarked by the US Postal Service on or before June 1, 2019

<b>MANDATO</b>	RY IN	FOR	MATI	ON	Please P	rint Clearly	'								
DATE						F BIRTH IS									
OF BIRTH MM	DD.	\000	_   —	ALS		nber that follow LS number th							r you will b	e assigned a	
NAME	DD	YYYY	Y	ALS				, , , , , , , , , , , , , , , , , , , ,							
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						CITY			STAT	ΓΕ	ZIP CODE	ZIP CODE			
PHYSICAL ADDRESS SAME AS MAILING						CITY				STATE		ZIP CODE			
☐ Female					BALD	BROWN		ACK	GRAY	ᆡᄖ	US	SA			
_ r omaio				BLACK GRAY BLOND RED		GRAY		BLUE GREEN OTHER (Please list Country) BROWN HAZEL						/)	
☐ Male	Feet Inc	Feet Inches <b>HEIGHT</b>		. ト	Hair Color (Circle One)		Eye Color (Circle One)			_	COUNTRY				
HEIGHT WEIGHT								ENT Any hunter who is born							
				at	after January 1, 1985 must submit with all hunting license applications										
Last 4 digits of SOCIAL SECURITY #		OCCUPATION					ifying that he/she has completed a course								
SOCIAL SECURITY#	,	CCOPA	ATION	""	Tiuriter educ	auon nom any	_	state or province. MCA 87-2-105  DEPARTMENT USE ONLY  FWP receives requests for mailing lists. Do you want your name included on lists							
Λ								ed to requ			D0 y0	_	marile includ	ded off fists	
SIGNATURE OF APPLICANT REQUIRED  I am the applicant or have their permission to submit this on their behalf. All							T	-		YES	ا tate la	■ NO w FWP is re	equired to alle	ow those who	
statements on this form are true & correct. I und								NOTE: Even if you choose NO, under state law FWP is required to allow those who wish to compile their own mailing list access to department records, including name,							
false statement ir									r, residency ar		-				
						NSERVAT									
The 2015 legislature passed HB 140 that states, to be eligible to apply for a hunting license or permit, a person must first obtain a base hunting license as a prerequisite. You must also purchase a Conservation License prior to applying to purchase any hunting, fishing or trapping license.															
MCA 87-2-201															
\$8.00 for a 2019 resident conservation license as a prerequisite.															
\$10.00 for a 2019 <b>resident</b> base hunting license as a <b>prerequisite.</b>															
■ \$10.00 for a 2019 <b>nonresident</b> conservation license as a <b>prerequisite</b> .															
\$10.00 for a 2019 <b>nonresident</b> conservation license as a <b>prerequisite</b> .															
MANDATORY FOR RESIDENT ONLY															
I hereby declare that I have been a legal resident of the State of Montana for at least 180 consecutive days: Years Months															
immediately p			_											_	
87-2-102). I d		•					-	•						•	
purpose of vei	rifying resid	ency a	ccording t	to MCA	87-2-102.		<u>X_</u>								
<b>HUNTERS AG</b>	AINST H	IUNG	ER DO	NATIO	ON These	donations fu	nd a pro	gram th	at process	es dona	ed w	ild game	and distri	butes the	
meat to those in	need. Wo	uld yo	u like to	donate	? □、	/FC 🗍	NO	- If ves. ii	n the amou	nt of \$					
						res 🖵	NO	,		··· •· •					
NONRESIDENTS USE THIS SECTION									RESII	DENTS	USE	THIS SE	CTION		
		DISTRI	CT NUMBER							DISTR	ICT NUM	IBER			
ANTELOPE DISTRICT CHOICE:			J-L	Ш				ELOPE RICT CHOICI				Ш			
	FEES:	NONE	RESIDENT A	NTEL OF	PE \$20	05			FEES:	RESII	DENT A	ANTELOPE		\$19	
	i LLO.		CONSERVA		+-				1 220			OINTS FEE (	Optional)	\$2	
			BASE HUNT		Ψ										
		**BON	NUS POINTS	FEE (O	ptional) \$20	U	You	ı must h	nave a 2019	Conserv	atior	n and Base	e Huntina	license PRIOR	
Make Money Order or Cashiors Chock to: Montana Eigh Wildlife 9 Parks						lifa & Darks		You must have a 2019 Conservation and Base Hunting license PRIOR to applying for this license or your application will be returned to you.							
Make Money Order or Cashiers Check to: Montana Fish, Wildlife & Parks NO PERSONAL OR COMPANY CHECKS ACCEPTED							М	Make Checks to: Montana Fish, Wildlife & Parks							
MO or CASHIER'S CHECK #  Total amount of this application: \$							CHECK # Total amount of this application: \$								
		ty to accumulate horus points for Antelone licenses. This system also													

<sup>\*\*</sup> Beginning in 2003 both residents and nonresidents have the opportunity to accumulate bonus points for Antelope licenses. This system also applies to the Antelope licenses for the disabled; however, historically your odds of drawing this license were about 98% and you may choose not to pay this fee. For more information see the 2019 Deer, Elk and Antelope regulations or call (406) 444-2950.

REV 12/2018

	Hunters who qualify for this license MUST BE accompanied by another person to assist with field dressing and/or recovery of a wounded game animal when hunting big game. MCA 87-2-803(4)(c).
	Section 2 — Must be completed by one of the following licensed Health Care Providers; Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Practice Registered Nurse (APRN), Physician Assistant (PA) or Chiropractor (DC).  Health Care Provider MUST check one or more of the following PERMANENT eligibility criteria.
	Patient Name
M A	Nonambulatory means permanently, physically reliant on a wheelchair or a similar compensatory appliance or device for mobility.
MANDATORY	☐ Substantially Impaired Mobility means virtual inability to move on foot due to a permanent physical reliance on crutches, canes, prosthetic appliances or similar compensatory appliances or devices.
O R Y	Documented Genetic Condition means a diagnosis derived from genetic testing and confirmed by a licensed physician. Licensed physician means a person who holds a degree as a doctor of medicine or doctor of osteopathy and who has a valid license to practice medicine or osteopathic medicine in this state. If this box is checked only an MD or DO signature will be accepted below.
	PRINT — Health Care Provider Name  Health Care Provider — Office Phone Number
	PRINT — Health Care Provider Address  License # of Health Care Provider

Date

Date of Birth

Applicants Name:

Health Care Provider Signature